

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE APPLICATION FEE
AT THE TIME OF FILING.**

DATE SIGNED: _____
NEXT COURT DATE: _____

CASE NO. _____
DOCKET NO. _____

APPLICATION FOR DRUG COURT DEFERRED JUDGMENT PROGRAM

ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY

1. FULL NAME: _____ TELEPHONE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

LENGTH OF RESIDENCE AT PRESENT ADDRESS: _____

2. AGE: _____ 3. DATE OF BIRTH: _____ 4. SEX: _____

5. RACE: _____ 6. PLACE OF BIRTH: _____

7. SOCIAL SECURITY NUMBER: _____

8. DRIVER'S LICENSE NUMBER _____ STATE _____

9. MARITAL STATUS: _____ SPOUSE'S
NAME _____

SPOUSE'S AGE: _____ SPOUSE'S EMPLOYMENT: _____

10. NUMBER OF DEPENDENTS: _____

<u>name</u>	<u>age</u>	<u>name</u>	<u>age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. OTHER HOUSEHOLD MEMBERS LIVING WITH YOU, NOT YOUR SPOUSE OR LISTED AS A DEPENDENT. Their name, age, employment:

12. EDUCATION:

school

location

grade or degree

13. VOCATIONAL TRAINING: ____ YES ____ NO TYPE _____

14. MILITARY SERVICE: ____ YES ____ NO BRANCH _____

TYPE OF DISCHARGE: _____ DATE OF DISCHARGE _____

15. NEAREST CONTACT:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

RELATION TO DEFENDANT: _____

16. DEFENSE ATTORNEY:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

17. PRESENT SOURCE OF INCOME (PLEASE GIVE AMOUNTS FROM EACH SOURCE):

DEFENDANT'S EMPLOYMENT:

\$ _____ PER MONTH

SPOUSE'S EMPLOYMENT:

\$ _____ PER MONTH

UNEMPLOYMENT COMPENSATION:

\$ _____ PER MONTH

PUBLIC ASSISTANCE:

\$ _____ PER MONTH

OTHER: SUCH AS PARENTS,

RELATIVES, FRIENDS ETC.
\$ _____ PER MONTH

18. PRESENT EMPLOYMENT:

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

DATE EMPLOYED: _____ OCCUPATION/TYPE OF WORK: _____

_____ SALARY: _____

19. EMPLOYMENT HISTORY: (Beginning with last previous employer)*

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

DATE EMPLOYED: _____ OCCUPATION/TYPE OF WORK: _____

_____ SALARY: _____

REASON LEFT: _____

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

DATE EMPLOYED: _____ OCCUPATION/TYPE OF WORK: _____

REASON LEFT: _____

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

DATE EMPLOYED: _____ OCCUPATION/TYPE OF WORK: _____

REASON LEFT: _____

*LIST EMPLOYMENT FOR LAST TWO YEARS - IF EXTRA SPACE NEEDED, ATTACH A BLANK SHEET OF PAPER.

20. PRIOR OFFENSE RECORD: _____ NONE _____ JUVENILE _____ ADULT

CRIMINAL OFFENSE CONVICTIONS, DIVERSIONS, AND/OR DEFERRED JUDGMENTS:

21. DATE OF PRESENT CHARGE (S): _____

22. Have you ever participated in any kind of psychological, psychiatric, or substance abuse counseling or treatment? _____ If yes, state where and date of participation.

23. Are you now, or have you ever participated in any other diversion or deferred judgment program? _____ If yes, please state where, the effective date of the program and the charge(s)diverted.

24. Do you have any other charges pending in this city or another city, state, or federal jurisdiction? _____ If yes, please state where and what charge or charges.

25. PERSONAL REFERENCES:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

RELATION TO DEFENDANT: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

RELATION TO DEFENDANT: _____

26. STATE IN YOUR OWN WORDS WHY YOU WERE CHARGED WITH THIS OFFENSE:

I hereby apply for status as a participant in the Drug Court Deferred Judgment Program and request that upon my plea of guilty to the charge or charges listed herein, the Municipal Court Judge temporarily defer judgment and sentencing against me in order to permit consideration of this application. I understand that the final decision to request that the Court defer judgment and sentencing in my case rests entirely with the City Attorney.

I authorize the City Attorney to conduct an investigation to determine my suitability for this program. I authorize the city Attorney to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the City Attorney's Office with any information they request. I understand that any information furnished by me or authorized by me to be furnished to the Deferred Judgment Officer in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will request that the Municipal Court Judge enter judgment and sentence against me upon my plea of guilty to the original charge(s).

DATE

APPLICANT